

Special Report

Exhibit 6:

Glenn A. Porter, DOC 99595

Incident 639 Packet

5-1A

INCIDENT REPORT

Facility:	Cimarron Correctional	Incident Number:	2017-1003-639-PREA
Incident Date/Time (HRS):	11/14/2017 18:10 hours		
Facility Damage:	None		
Incident Location:	Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060		

INCIDENT PRIORITY LIST:

Priority	Priority Description
III	Assault WITHOUT Weapon NOT Resulting in Immediate Outside Medical Treatment-Inmate on Inmate
PREA	Inmate on Inmate Sexual Harrassment (IOI SH)

Other Priority Description:	
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DESCRIPTION OF INCIDENT:
<p>On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White nonaffiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.</p> <p>The Facility Investigator arrived in medical to conduct a further investigation with inmate Porter. The Investigator reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.</p> <p>Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.</p>

Inmates/Residents Involved?	Yes
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INVOLVED PEOPLE:

Inmate/Resident Name(s) & Number	Jurisdiction	Witness or Participant	5-1C Attached or Refused?	Injuries
GLENN PORTER (99595)	OK DOC	Participant	Attached	Yes
Hospital Admission:	No	Nature of Injury:	Injuries to Inmate Porter scratches to the forehead, left and right shoulders, and to the left forearm and bruising to the left cheek, and left arm.	
CHARLES FREDRICK (530734)	OK DOC	Participant	Attached	No

5-1A

INCIDENT REPORT

Juan Melendez rodriguez (22415602)	CORRECTIONAL OFFICER	Participant	Yes	No
Dwight Munday (16524440)	SHIFT SUPERVISOR	Participant	Yes	No

Medical Evaluation Completed?	Yes
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HEALTH SERVICES PERSONNEL CONDUCTING EXAMINATIONS:

Name	Title
Warren, Janette	LPN
Van Brunt, Lacy	LPN

Weapons Discovered?	No	How Many?	
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Weapon Description	Weapon Location
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Cell Phones Discovered?	No	How Many?	
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Inmate/Resident Disciplinary Charges Filed?	Yes
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Inmate/Resident Name(s) & Number	Segregation and/or PHD	Property Inventory Completed
CHARLES FREDRICK (530734)	No	No

Explain No Property Inventory:	Inmate was not placed in segregation.
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Incident Videotaped?	No
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Name/Title of Camera Operator:	N/A
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If Not Recorded, Explain:	Not a recordable incident
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Photos of injuries, contraband, or property?	Yes	How Many?	7
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If No Photos, Explain:	N/A
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Name/Title of Photo Taker:	S/S D. Munday
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EVIDENCE INFORMATION:

Evidence recovered during incident?	N/A
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Chain of Custody Maintained:	No
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Evidence Description:	N/A
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5-1A

INCIDENT REPORT

Name/Title of Person Discovering Evidence:	N/A
Criminal Charges:	No

Notifications:**Facility Notifications:**

Person Notified	Date/Time Notified	Notified By	ADO?
John Hilligoss	11/14/17 @ 1815	Dwight Munday	Yes

FSC Notifications:

Person Notified	Date/Time Notified	Notified By
Lane Bliar	11/14/17 @ 2220	IRD System

Contracting Agency Notifications:

Person Notified	Date/Time Notified	Notified By
Jamie Keef	11/14/17 @ 1820	John Hilligoss
Tamika Ross	11/14/17 @ 1845	Greg Jones

Outside Agency Notifications:

Person Notified	Date/Time Notified	Notified By
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Referred for Investigation by Warden/Administrator or ADO?	Yes
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Prepared By:	Dwight Munday	Title:	Shift Supervisor
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Completed Date/Time:	11/14/2017 21:52hours
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Name	Job Title	Date and Time Signed
Dwight Ga Munday	SHIFT SUPERVISOR	11/14/2017 21:52 hrs.

5-1C

INCIDENT STATEMENT

Facility	Cimarron Correctional	Incident Number	2017-1003-639-PREA
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Person Name	Person Type	Person Role
	null	null

Incident Date/Time (HRS):	11/14/2017 18:10 hours
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Based on your own knowledge, what did you see, hear, and do?

Did you receive any injuries?	(If Yes, Explain below)

Were you evaluated by medical?	
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Signature:		Date:	
Typed By:		Date:	

This section to be completed by CCA staff if the inmate or civilian/other refused to complete the 5-1C:

Employee/Witness Name:		Date:	
Employee/Witness Name:		Date:	

PRISON RAPE ELIMINATION ACT (PREA) REPORTING

Facility	Cimarron Correctional	Incident Number	2017-1003-639-PREA
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1. ALLEGED VICTIM:

Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
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Transgender:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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2. ALLEGED PERPETRATOR:

Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
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Transgender:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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3. FOLLOWING AN INVESTIGATION, THE ALLEGATION WAS DETERMINED TO BE:

PREA:	Inmate on Inmate Sexual Harrassment (IOI SH)		
<input type="checkbox"/> Substantiated*	<input checked="" type="checkbox"/> Unsubstantiated	<input type="checkbox"/> Unfounded	

*NOTE: Section 4 below to be completed ONLY if one or more of the allegations is substantiated.

4. SANCTIONS:

a. Legal:

<input type="checkbox"/> Arrest	<input type="checkbox"/> Referral for Prosecution	<input type="checkbox"/> New Sentence	<input checked="" type="checkbox"/> N/A
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b. Institutional Discipline:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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c. Staff Discipline:

<input type="checkbox"/> Yes (If Yes, explain/describe below)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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5. INMATE/RESIDENT CHANGE IN CUSTODY:

<input type="checkbox"/> Segregation	<input type="checkbox"/> Increase in Custody Level	<input type="checkbox"/> Transferred to another facility	<input checked="" type="checkbox"/> N/A
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Form Completed By:	Greg Jones	Today's Date:	12/22/2017
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NOTE: Upon completion of this form, forward to CCA Assistant General Counsel, Operations.

5-1G

INCIDENT INVESTIGATION REPORT

Facility	Cimarron Correctional	Incident Number	2017-1003-639-PREA
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Date of Investigation	12/22/2017	Investigator Name	Greg Jones
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1. Were all witnesses and participants interviewed?	No (If No, Explain below)
Inmates only Glenn Porter Charles Fredrick	

2. What documents were examined (e.g. logbooks, report, rosters, work schedules, etc.)?
5-1 A Incident Report 5-1 E Rape Report Offense Report (Fredrick) Emergency Care Records DOC Attachments 7 Color Photos Request for Investigation (IG) Inmate Statements Staff Statements

3. Were any of the inmates/residents (witnesses or participants) involved suspected or validated gang members?	No
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4. Is there any indication that the incident was STG related?	No (If Yes, Explain below)

5. Is there any indication that the incident involved terrorist threat/activity?	No (If Yes, Explain below)

6. Any indications of policy, procedure, or practice violations?	No (If Yes, Explain below)

7. Investigative Conclusions:**Investigation Findings****EXECUTIVE SUMMARY:**

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White non affiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American non affiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter. Investigator Jones reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

INVESTIGATION PARTICIPANTS:**First and Last Name Formal Title**

Glenn Porter Inmate DOC# 99595

Charles Fredrick Inmate DOC# 530734

INVESTIGATION FINDINGS:

In an interview conducted on November 14, 2017, Inmate Glenn Porter indicated the following: Inmate Porter stated that Inmate Fredrick attempted to grab his breast and when he could not, Fredrick jump him and struck him about the facial area several time. Porter stated that Fredrick only attempted to grab him, but did not.

In an interview conducted on November 14, 2017, Inmate Charles Fredrick indicated the following: inmate stated that porter is crazy, that they were arguing over the lights and hanging things around the cell. Fredrick stated that they started arguing and then fighting and that Porter broke a razor and scratched him about the neck area and then stated that at no time did he attempt to grab Porters breast.

CONCLUSION SUMMARY:

Inmate Porter stated that Inmate Fredrick attempted to grab his breast and when he could not, Fredrick jump him and struck him about the facial area several time. Porter stated that he was reporting an assault and not a PREA. Fredrick reported "at no time did he attempt or touch Inmate Porter Breast.

Porter has changed his report several times, Porter stated to the Captain Munday and to Classification Supervisor Waters that he (Fredrick) did touch his breast, but reported during the investigation that he (Fredrick) did not touch his breast. Inmate further stated "we should not be at this facility (transgender) and that he wants to be moved.

Investigative Finding: Unsubstantiated

Prepared by: Greg Jones

Title: Investigator

Electronically Signed By:

Name	Job Title	Date and Time Signed
Greg A Jones	INVESTIGATOR	12/22/2017 08:23
Joseph M Roemmich	CHIEF OF SECURITY	12/26/2017 10:20

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Facility	Cimarron Correctional	Incident Number	2017-1003-639-PREA
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To be Completed by the Chief of Security or Designee:**5-1 Packet Contains Necessary Forms:**

<input checked="" type="checkbox"/>	5-1A Incident Report
<input checked="" type="checkbox"/>	5-1C Incident Statements (For each witness/participant)
<input type="checkbox"/>	5-1D Use of Force Summary & Review
<input checked="" type="checkbox"/>	5-1E Prison Rape Elimination Act (PREA) Reporting
<input type="checkbox"/>	5-1F Death of Inmate/Resident in Custody Report
<input checked="" type="checkbox"/>	5-1G Incident Investigation Report
<input checked="" type="checkbox"/>	5-1H Incident Packet Checklist & Administrative Review
<input checked="" type="checkbox"/>	13-34A2 Emergency Anatomical Form or contracting agency form (For all medical assessments)

Additional Information:

<input checked="" type="checkbox"/>	Disciplinary Reports Completed?
<input checked="" type="checkbox"/>	Customer Required Documents Completed?
<input checked="" type="checkbox"/>	All photos maintained with the packet?
<input type="checkbox"/>	Videotape securely stored?

Comments:**To be completed by the Warden or Designee:****Additional Notifications Made:**

Notified:	Yes/No/NA	Date/Time (HRS)	Notified By:
Medical Examiner/Coroner:	N/A		
Inmate's/Resident's Next of Kin:	N/A		
American Correctional Association: (With Approval of FSC QA)	N/A		
JTTF or Similar Local Authority Notified:	N/A		

Date Agency Notified:**Employee corrective action taken (If Any):**

5-1H

INCIDENT PACKET CHECKLIST AND ADMINISTRATIVE REVIEW

Incident is Considered:	Closed	(If Open, Complete Section Below)
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Pending Actions (Check all that apply):			
<input type="checkbox"/>	Assigned for internal investigation	Assigned To:	
<input type="checkbox"/>	Referred for external investigation	Referred To:	
<input type="checkbox"/>	Referred for prosecution		
<input type="checkbox"/>	Other	Explain:	

Comments:

Electronically Signed By:

Name	Job Title	Date and Time Signed
Joseph M Roemmich	CHIEF OF SECURITY	12/26/2017 10:22
Virgil D. Ensey	ASST WARDEN	01/04/2018 16:49
Linda Darlene Dixon	MANAGER, OPER. SUPPORT	03/14/2018 14:33

Comprehensive Report

If ordered, the Comprehensive Report shall be submitted within five working days of the incident to the appropriate division manager or designee.

Facility:	Cimarron Correctional	Reported by:	
Type of Incident:			
Date/Time Incident Occurred:	11/14/2017 18:10		
Location of Incident (Unit, Quad, Cell, dining hall, etc.)	Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060		

A: Full description of incident (who, what, where, why and how. Include all offender and staff actions during the incident):

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White nonaffiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

The Facility Investigator arrived in medical to conduct a further investigation with inmate Porter. The Investigator reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

B: Staff involved and role they played during/after the incident:

C: What events precipitated this event:

D: Offenders involved:

Full Name	DOC #	Race	Age	Sentence Length/Days Remaining/Crime/STG Affiliation	Updated offender profile screening from attached (Y or N)	Mental Health Level/Medication Compliance (past 90 days)	Updated Mental Health Assessment Attached (Y or N)
PORTER, GLENN ARTHUR	99595	W	58			B No Meds	
FREDRICK, CHARLES EUGENE	530734	W	32			A No Meds	

E: Injuries sustained:

Staff or Offender (S or O)	Full Name	Type of Injury	Cause of Injury	Treatment Received-Offender (provide update on current condition, treatment and location)	Treatment Received-Staff (was treatment provided outside of the facility)
		Injuries to Inmate			

bruising to the left
cheek, and left arm.

F: Were any weapons or contraband recovered during this incident?

G: What future impact will/could this incident have on staff and/or offenders and/or their families?

H: What corrective measures were implemented and what follow-up action should be addressed to resolve and/or prevent future incidents?

I: What disciplinary/commendations for staff was recommended?

J: If there is no video related to this incident, explain why:

K: If there is video of this incident, how many discs are included with this report?

L: Will transfers or separatees be recommended for any of the offenders involved?

Spontaneous Incidents/Use of Force: Check List/Closure

1. I am _____ ; _____
Name Title
2. Today's date and time is: _____
3. My location at the present is: _____
4. The location of the incident was: Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060
5. The name(s) and number of offender(s) is/are:
PORTER, GLENN ARTHUR 99595
FREDRICK, CHARLES EUGENE 530734
6. Name(s) and title of staff involved were as follows:
Melendez rodriguez, Juan An CORRECTIONAL OFFICER
Munday, Dwight Ga SHIFT SUPERVISOR
7. The circumstances leading to the incident were:
8. Action taken during the incident was:
9. Name(s) and title of staff involved were as follows:
Melendez rodriguez, Juan An CORRECTIONAL OFFICER
Munday, Dwight Ga SHIFT SUPERVISOR
10. Injuries to staff and offender were: (examinations of staff and offenders must be conducted by medical personnel):
GLENN PORTER (99595) Yes
11. Medical staff present are:
Warren, Janette LPN
Van Brunt, Lacy LPN
12. Summary of injuries are:
GLENN PORTER (99595) Yes
13. This concludes the incident involving the following offender(s):
PORTER, GLENN ARTHUR 99595
FREDRICK, CHARLES EUGENE 530734
14. Camera operator is: N/A
Name/Title
15. This tape, all incident reports, misconduct reports, or any physical evidence will be secured in the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

16. This concludes the Spontaneous Use of Force incident involving offender(s). Give a summary of the name and DOC number of offenders and time of the Spontaneous Use of Force incident:

Incident Notification Checklist

As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or offender injuries will require a follow-up e-mail to provide the condition of staff and/or offenders. This update should be requested periodically and supplied by the facility as new information is learned.

Original:

Updated:

Facility:	Cimarron Correctional	Reported by:	
Type of Incident:			
Date/Time Incident Occurred:	11/14/2017 18:10	Date/Time Division Manager Notified:	
Location of Incident (Unit, Quad, Cell, dining hall, etc.)	Facility Property \ Main Building \ Section: S \ Block: 1 \ Cell: 060	Unit locked down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has DOC Inspector General been	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?	When?

Incident Classification

1. Offender-on-Offender assaults with serious injury:
 - 1a. Number of Offender-on-Offender victims of assaults with serious injury:
2. Offender-on-Offender assaults without serious injury:
3. Offender-on-Offender fight:
4. Offender-on-Offender assaults by throwing substances:
5. Disruptive Event:

Offenders Involved

(attach additional pages if needed)

Full Name	DOC #	Race	Age	Crime(s)
PORTER, GLENN ARTHUR	99595	W	58	
FREDRICK, CHARLES EUGENE	530734	W	32	

Staff Involved

(attach additional pages if needed)

Full Name	Title/Position
Melendez rodriguez, Juan An	CORRECTIONAL OFFICER
Munday, Dwight Ga	SHIFT SUPERVISOR

Brief Summary of Incident

On Tuesday November 14, 2017 at 1810 Inmate Glenn Porter ODOC# 99595 (a 58 year old White nonaffiliated) stopped Correctional Officer Juan Melendez and stated that Inmate Charles Fredrick ODOC#530734 (a 32 year old Native American nonaffiliated) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast, Porter then told inmate Fredrick to leave him alone, inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempted to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

The Facility Investigator arrived in medical to conduct a further investigation with inmate Porter. The Investigator reported that during the interview with inmate Porter he never made a claim of PREA, also that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

Inmate Fredrick was moved to Alpha North cell 256, Inmate Porter remains in Golf 1060.

GLENN PORTER (99595) - Injuries to Inmate Porter scratches to the forehead, left and right shoulders, and to the left forearm and bruising to the left cheek, and left arm. Hospital Admission: No

Weapons Used/Recovered
(if known)

If applicable, was the offender single celled?

☐

Yes

☐

No

If no, was cell partner involved?

☐

Yes

☐

No

Name/DOC#

Any other pertinent information specific to this incident

Notification

Reported to Division Manager by:

Name: _____ Date: _____ Time: _____

INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBLIC INFORMATION OFFICER

_____ Date: _____ Time: _____

Signature of Manager

Comprehensive Report Ordered: _____ Yes _____ No

The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."

Incident Classification Definitions

Offender-on-offender assaults with serious injury – A serious injury requires urgent and immediate medical treatment and restricts the offender's usual activity. Medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

Number of Offender-on-offender victims – An assault may have more than one victim; count the number of victims.

Offender-on-offender assaults without serious injury – An assault that results in an injury that does not require urgent and immediate medical treatment.

Offender-on-offender fight – Do not count serious assaults or assaults that do not involve serious injury as "fights." A fight may include a flare of tempers with physical contact (e.g. punch, hard shove, etc.), mutual combat, or minor physical contact between two or more offenders where there was no injury.

Offender-on-offender assaults by throwing substances– Exclude assaults with serious injury. Include assaults by throwing or spitting liquid, blood, waste, chemicals, urine, etc. that involved non-serious injury or no injury.

Disruptive Event– Incidents brought about by offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measure to regain control.

Victim – An individual who is harmed or assaulted by another individual regardless of whether the identity of the assailant(s) was substantiated by the disciplinary process or a court of law. However, there must be sufficient evidence that the injury resulted from an attack and not an accident.

Serious Incident Database Report Private Prisons

1. **Facility:** Cimarron Correctional
2. **Date of Incident:** 11/14/2017
3. **Offender Offense History:**
4. **Area of Incident:**
5. **Narrative:**
6. **Who was the first responder to the incident?**
7. **If PREA, was the incident referred to Internal Affairs?**
8. **If Use of Force was used, was it?**
9. **If planned, was Medical contacted prior to Use of Force?**
10. **Was the incident video recorded?**
11. **If electronic technology was used, was the offender medically cleared?**
12. **What type of non-deadly force equipment was used?**
 - ☐ Inflammatory
 - ☐ OC
 - ☐ CS (Private Prisons ONLY)
 - ☐ Electronic Technology
 - ☐ Electronic Shield
 - ☐ Radio Active Custody Control
 - ☐ Taser
 - ☐ Physical Restraint Device
 - ☐ Belly Chains
 - ☐ Four or Five point restraints
 - ☐ Handcuffs
 - ☐ Leg Irons
 - ☐ Restraint Chair
 - ☐ Other

13. What level of force was used?

☐ Inflammatory Agent

☐ OC

Weight prior to use:

☐ CS (Private Prisons ONLY) Weight prior to use:

☐ Deadly Force

☐ Hand Gun

☐ Rifle-Sniper

☐ Rifle-Tower

☐ Shot Gun

☐ Impact Weapons

☐ Baton

☐ Collapsible Baton

☐ Physical Contact

☐ Defensive Tactics- hold

☐ Offensive Tactics- Striking

14. Was more than one camera used to record incident?

15. Were there injuries during the Use of Force?

16. Where was the injury treated?

17. Injuries Sustained:

☐ Staff

☐ Offender

☐ Both

18. What was the mental health levels of the offenders involved?

19. Was the offender taking prescribed medications?

20. Was the incident racially motivated?

21. Race(s) involved?

☐ Black

☐ White

☐ Hispanic

☐ Native American

☐ Other

14-2C

SEXUAL ABUSE INCIDENT CHECK SHEET

Alleged Victim:	GLENN PORTER (99595)	Facility:	Cimarron Correctional
Alleged Perpetrator:	CHARLES FREDRICK (530734)		

Date/Time:	Required Activities
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INITIAL REPORT OR ALLEGATIONS OF SEXUAL ABUSE

11/14/2017 18:10	<input checked="" type="checkbox"/>	First responder separates inmate/detainee from alleged perpetrator and notifies Shift Supervisor.
	<input type="checkbox"/>	If the alleged incident involves an identified staff perpetrator, ensure steps are taken to place this person in a non-inmate/detainee contact role or on administrative leave pending the investigation.
11/14/2017 18:17	<input checked="" type="checkbox"/>	Security immediately escorts inmate/detainee to Health Services Department. (physical contact only)
11/14/2017 18:17	<input checked="" type="checkbox"/>	Health Services Department stabilizes/assesses victim. (physical contact only)
	<input type="checkbox"/>	Health Services Department notifies the SART representative (i.e. mental health/Victim Services Coordinator (VSD)/medical)
	<input type="checkbox"/>	Inmate/detainee is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence). (physical contact only)
11/14/2017 18:15	<input checked="" type="checkbox"/>	Shift Supervisor notifies Warden/Facility Administrator (ADO after hours) and PREA Compliance Manager.
11/14/2017 18:18	<input checked="" type="checkbox"/>	Shift Supervisor or Investigator obtains a brief statement from the alleged victim, while in the Health Services Department.
	<input type="checkbox"/>	Victim requested victim advocate.
	<input type="checkbox"/>	When requested, victim advocate was made available.
	<input type="checkbox"/>	If report alleges sexual abuse/penetration, the agency responsible for conducting criminal investigations is contacted and, if determined evidentially appropriate, the victim is transported offsite for a SAFE/SANE exam.
	<input type="checkbox"/>	Medical staff ensure victim receives appropriate treatment onsite or transport offsite to outside medical provider for any injuries sustained.
	<input type="checkbox"/>	If report alleges physical abuse/penetration and is within time frame recommended by investigating agency for preserving evidence, Shift Supervisor and/or Investigator preserves the crime scene by sealing access, if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
11/14/2017 19:00	<input checked="" type="checkbox"/>	If the alleged perpetrator is an inmate/detainee security staff ensures he/she is placed in a single cell (if available) in the event evidence collection is required. The inmate/detainee is not allowed to wash, shower, or change clothes. (physical contact only)
	<input type="checkbox"/>	The PREA Compliance Manager or facility Investigator notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation. (only if allegation is a criminal act)
11/14/2017 18:20	<input checked="" type="checkbox"/>	The Warden/Facility Administrator/designee or ADO notifies the contracting agency.
11/14/2017 21:52	<input checked="" type="checkbox"/>	The Warden/Facility Administrator/designee or ADO ensures the 5-1A Incident Report and any contracting agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse and/or harassment.

INITIAL PREA REVIEW (48 to 72 HOURS AFTER REPORT)

12/20/2017 14:30	<input checked="" type="checkbox"/>	Managing Director convenes a preliminary review of the response to the incident involving the Warden/Facility Administrator, PREA Compliance Manager, facility Investigator, the FSC PREA Coordinator, and available PREA committee members.
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ONGOING PREA RETALIATION MONITORING (for at least 90 days following report)

Date Assigned:	<input checked="" type="checkbox"/>	For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates/detainees or staff who reported the sexual abuse, and of inmates/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates/detainees or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any inmate/detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. This ongoing review shall be documented using 14-2D Ongoing PREA Retaliation Monitoring Report.
11/15/2017 08:00		
Person Assigned:		
G. Jones		

Electronically Signed By:

Name	Job Title	Date and Time Signed
------	-----------	----------------------

Joseph M Roemmich

CHIEF OF SECURITY

12/26/2017 10:16

5-1C

INCIDENT STATEMENT

Facility	Citation Correctional Facility	Incident Number	2017-1003-659-PR2A
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Incident Date	11/14/17	Incident Time (HRS)	1810
---------------	----------	---------------------	------

Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Charles Fredrick	530734	Inmate	Participant

Housing Location (For Inmates/Residents Only)	
---	--

Based on your own knowledge, what did you see, hear, and do?

He called me a punk and I hit him.

Did you receive any injuries? YES or NO (If YES, Explain Below)	
---	--

Were you evaluated by medical? YES or NO	
--	--

Printed Name:	Charles Fredrick 530734	Date:	11-14-17
Signature:	<i>[Signature]</i>	Date:	
Typed By:		Date:	

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

5-1C

INCIDENT STATEMENT

Facility	Cimarron Correctional Facility	Incident Number	2017-1003-639-PREA
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Incident Date	11/14/17	Incident Time (HRS)	1810
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Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
D. Munday	16524440	Employee	Participant


Housing Location (For Inmates/Residents Only)	
--	--

Based on your own knowledge, what did you see, hear, and do?

On Tuesday November 14, 2017 at 1810 hours I Shift Supervisor Dwight Munday was notified by Correctional Officer Melendez of a possible PREA in Golf 1060 between inmate Glenn Porter ODOC# 99595 and inmate Charles Fredrick ODOC# 530734. I removed Inmate Porter from cell 1060 and escorted him to medical for evaluation and to be interviewed. During the interview Inmate Porter stated that inmate Fredrick was making comments about his breast, and attempted to grab his breast. Inmate then stated that after inmate Fredrick attempted to grab his breast a second time Inmate Porter shoved inmate Fredrick, which inmate Fredrick then assaulted him. I then conducted an interview with inmate Fredrick he stated that he did assault inmate Porter but never made comments or attempted to grab his breast. At this time I turned the investigation over to the Facility Investigator.

Did you receive any injuries? YES or NO (If YES, Explain Below) NO

Were you evaluated by medical? YES or NO NO

Printed Name:	D. Munday	Date:	11/14/17
Signature:		Date:	
Typed By:	D. Munday	Date:	

This section to be completed by CoreCivic staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

5-1C

INCIDENT STATEMENT

Facility	Cameron Correctional Facility	Incident Number	2017-1003-639-PRLA
----------	-------------------------------	-----------------	--------------------

Incident Date	11/14/17	Incident Time (HRS)	1810
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Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
Miss Glenn Porter	99595	Convict	Participant

Housing Location (For Inmates/Residents Only)	G 1060
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Based on your own knowledge, what did you see, hear, and do?

My Cellie Charles Fredrick started making comments about my breast + tried to grab one + I told him to leave me alone that he needed to go he tried again + I pushed him away and he jumped on me + started hitting me all in my head on left side and ribs on left side. I'm requesting protective measures + transfer. I've talked + talked to staff about housing here.

GP

Did you receive any injuries? YES or NO (If YES, Explain Below)	yes left side face nose & ribs left side
---	---

Were you evaluated by medical? YES or NO	
--	--

Printed Name:	Miss Glenn Porter	Date:	11/16/17
Signature:	Miss Glenn Porter	Date:	
Typed By:			

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

5-1C

INCIDENT STATEMENT

Facility	CCF	Incident Number	2017-1003-639-PRESA
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Incident Date	11.17.2017.	Incident Time (HRS)	1810
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Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
JUAN A. MELENDEZ	EMPLOYEE 22415202	EMPLOYEE	PARTICIPANT

Housing Location (For Inmates/Residents Only)	
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Based on your own knowledge, what did you see, hear, and do?

ON TUESDAY NOVEMBER 14, 2017 AT 1800 HRS. I CORRECTIONAL OFFICER MELENDEZ WHEN I WAS DOING ROUND AT 1800 HRS APPROX. INMATE: CHARLES, FREDRICK DOC. # 530734 HE TOLD ME COULDN'T LIVE WITH THE INMATE: GLEN, PORTER DOC. # 99595 (HIS CELLY). IT'S WHEN THE INMATE: PORTER FROM CEL # 1060 GOLF, TELL ME THAT THE INMATE: FREDRICK, HAD TOUCHED HIS BREASTS. THEN REMOVE THE INMATE: FREDRICK FROM THE CEL # 1060, AND POSITION IT IN THE PHONE CAGE. AND IMMEDIATELY NOTIFY CAPTAIN: DWIGHT MUNDAY, WHO TOOK CHARGE OF THE SITUATION. E.O.S.

Did you receive any injuries? YES or NO (If YES, Explain Below)	

Were you evaluated by medical? YES or NO	
--	--

Printed Name:	JUAN A. MELENDEZ	Date:	11.17.2017.
Signature:	<i>[Signature]</i>	Date:	
Typed By:		Date:	

This section to be completed by CoreCivic staff if the civilian/other or Inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

Inmate/Resident refused to complete this 5-1C	
Civilian/Other refused to complete this 5-1C	

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			



DATE: November 16, 2017

TO: Johnny Blevins, Director, Office of Fugitive Apprehensions and Investigations

THRU: Greg Williams, Director, Region III

FROM: Raymond Byrd, Warden
Cimarron Correctional Facility

SUBJECT: Request for Investigation PREA

On Tuesday November 14, 2017 at 1810 inmate Glenn Porter ODOC# 99595 (a 58 year old White STG none) stopped Correctional Officer Juan Melendez and stated that inmate Charles Fredrick ODOC#530734 (a 32 year old Native American STG none) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez then notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that inmate Fredrick had made comments about and attempted to grab his (Porter) breast. Inmate Porter then told inmate Fredrick to leave him alone and inmate Fredrick attempted to grab Inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to leave the cell. After inmate Porter shoved inmate Fredrick he (Fredrick) then jumped on inmate Porter and started striking him (Porter) with closed fist. Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempts to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter.

Inmate Fredrick was moved to Alpha North cell 256. Inmate Porter remains in Golf 1060.

2017-1003-639-PREA

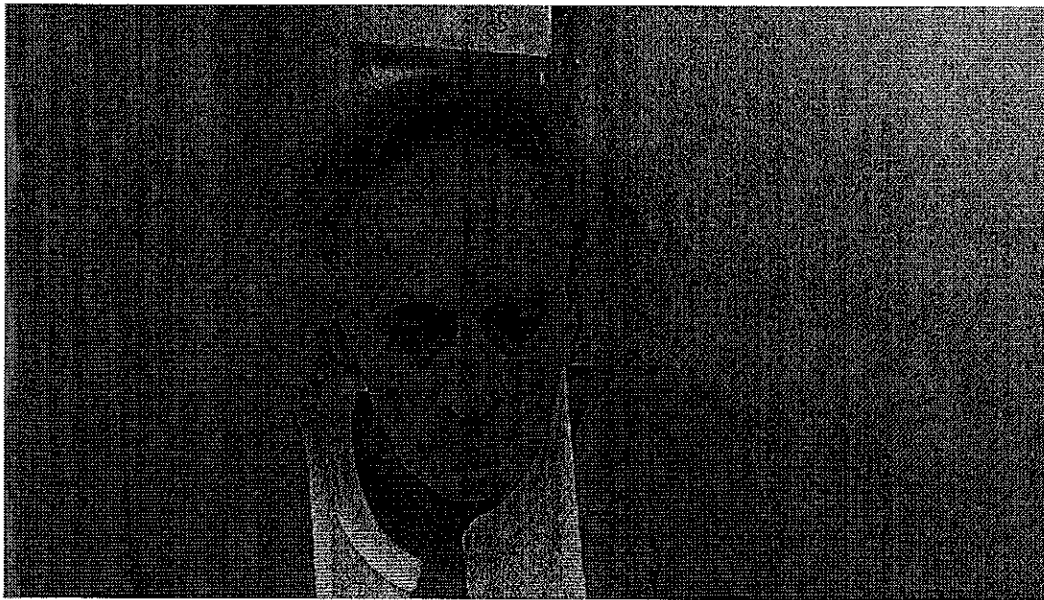
Sexual Harassment

Date: 11/14/2017

P1-P7

Time: 1810

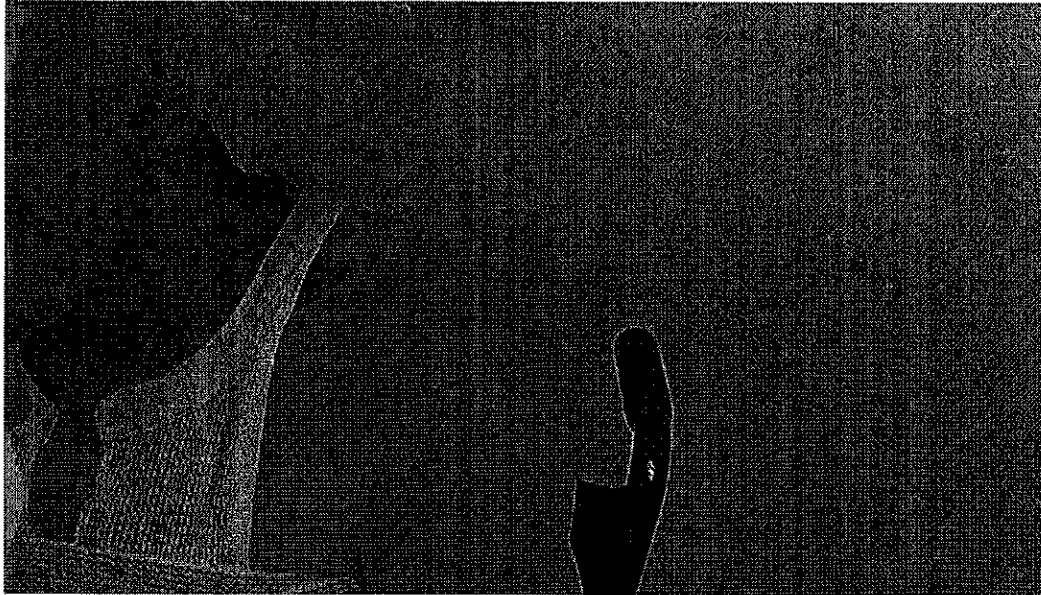
P1: Inmate Porter # 99595



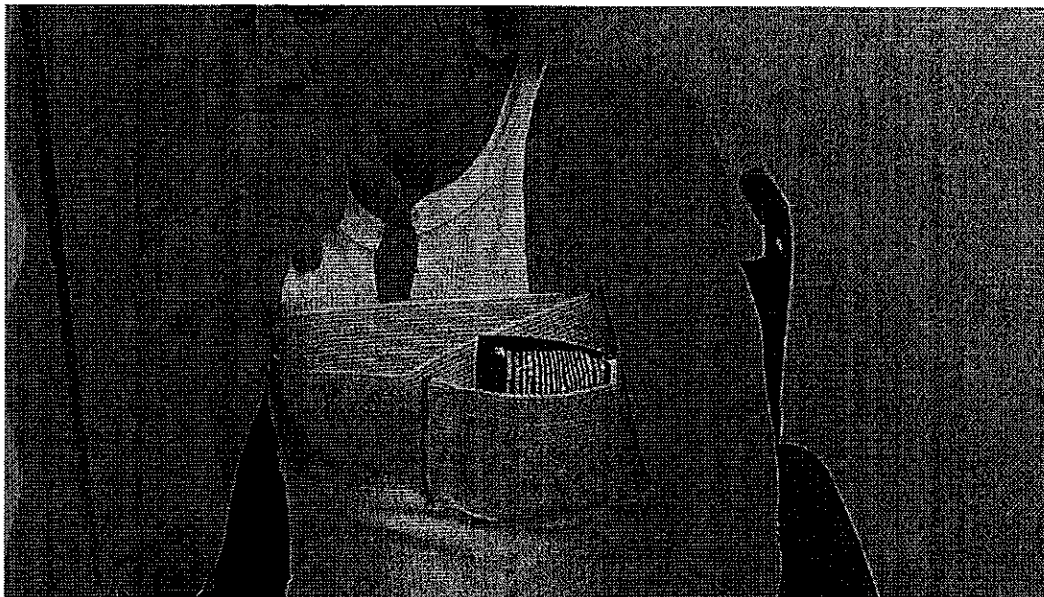
P2: Injuries to inmate Porter



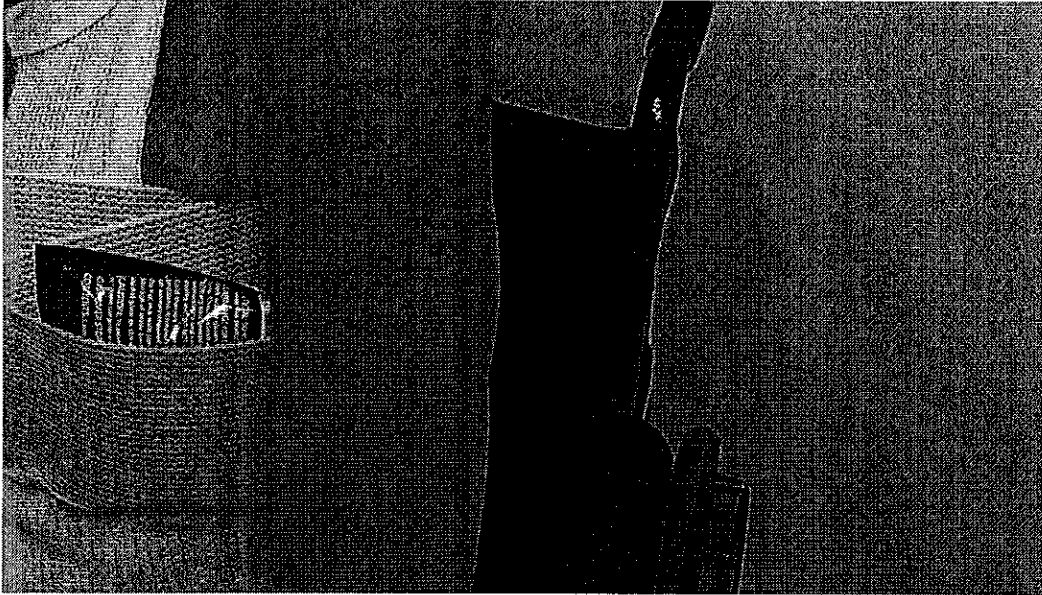
P3: Injuries to inmate Porter



P4: Injuries to inmate Porter



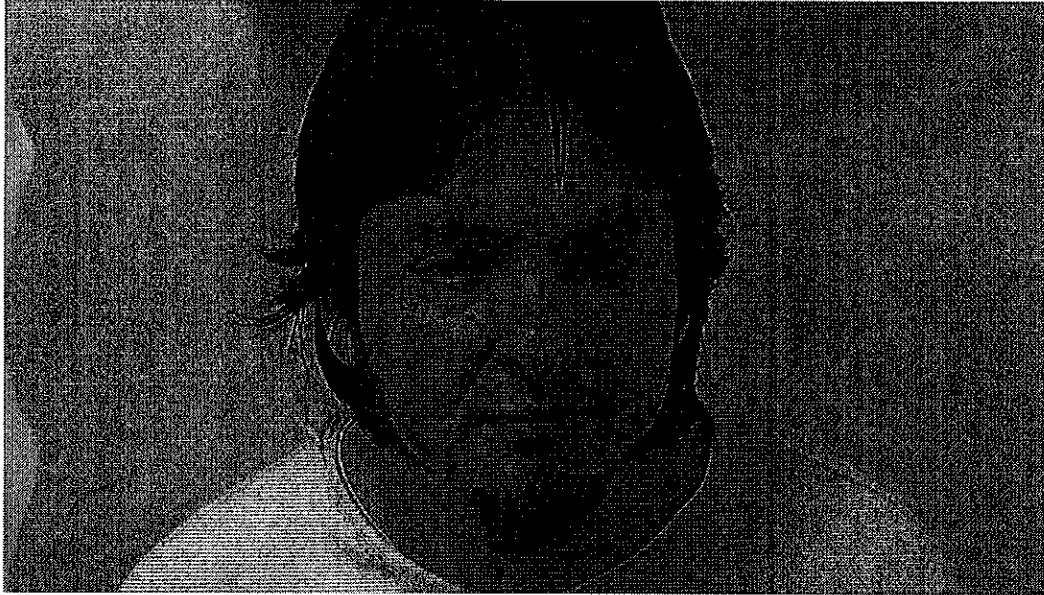
P5: Injuries to inmate Porter



P6: Injuries to inmate Porter



P7: Inmate Fredrick 530734



DEPARTMENT OF CORRECTIONS OFFENSE REPORT

042585

Name of Facility Cinnaminson Correctional Facility Facility Computer Code 042

Section I

Offender Name: Charles Frederick DOC#: 530739 Date of Offense: 11/14/17 Time: 1810Place of Offense: Golk Cell 1060 Housing Assignment: Golk 1060Offense: (4-4233, b# 1, 2) Inmate on Inmate assault without injury Offense Computer Code: 2Class of Offense: A

Description of Incident (to include any unusual offender behavior): (4-4233, b#3)

Inmate Frederick assaulted inmate Pether in Golk 1060Staff or Offender Witness (if any) (4-4233, b#4) NADisposition of Physical Evidence (if any) (4-4233, b#5) photographsImmediate Action Taken (to include the use of force and prehearing detention) (4-4233, b#6) Miscellaneous Unit

Printed Name and Title of Reporting Employee (4-4233, b#7)

Name D. Murphy Signature of Reporting Employee [Signature]Title S/S Date 11/14/17 Time 2806

Section II

To be referred within 24 hours from the time the violation is reported.

Referred for investigation by:

Name James NelsonTitle ALSDate 11/15/17 Time: 0007

Section III Offender should initial appropriate response

☐ I have received a copy of the written charge against me. I realize that I have a right to remain silent.☐ I plead guilty and waive my right to an appeal.☐ I plead not guilty.☐ I plead not guilty and waive my right to 24 hours preparation time.

Offender's Signature _____ DOC # _____ Date ____/____/____ Time _____

☐ Offender chose not to sign for a copy of the Offense Report at this time.Offense Report Delivered to above offender by (Print and Sign)
(4-4236, 4-4238)

Date Delivered

Time Delivered

ORIGINAL: Commitment Document Folder

FIRST COPY: Field File

SECOND COPY: _____

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS

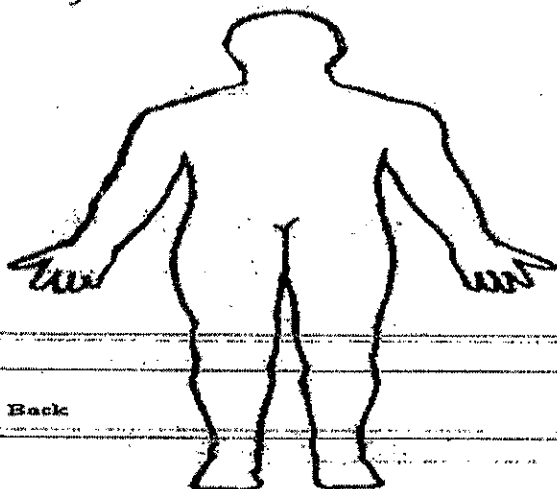
MSRM 140117.01.48

Page 2 of 2

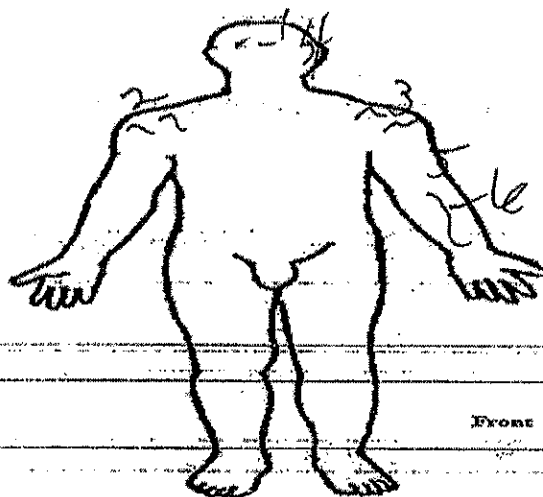
Medical Diagram of Injury

(R- 12/15)

1. Scrubbed / Abrased 2. Scrubbed / Abrased 3. Scrubbed / Abrased 4. swollen - Bruising
5. Bruising 6. Scrubbed / Abrased 7. _____ 8. _____



Back



Front

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/medication required)

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe / deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri - Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

Assessment:

☐ Alteration in skin integrity related to trauma

Plan: Nursing Intervention Routine: (check all that apply)

Lacerations	Fractures	Contusions
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

MH-B Meds No

OKLAHOMA DEPARTMENT OF CORRECTIONS

MSRM 140117.01.48

Emergency Care Record

Page 1 of 2

(Medical Diagram of Injury)

(R-12/15)

Chief Complaint: PRF Assault on Inmate
 Onset: 11-14-17 Location: Gu 1060
 Medical History: None Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep C
 Allergies: Lidone 3
 Current Medications: Prenatal vitamins, Aldactone, estrace, ASA
 Vital Signs: B/P 141/96 R: 18 P: 110 T: 97.4 Wt: 98 O2 sat: 98 FSBS: 98

WNL Labored Cough SOB Wheezes Stridor Crackles
 Hemoptysis Pain with breathing Diminished Nasal flaring
 Other: 40 "V" on R-10 5014 2 lbs weight

WNL Nausea Diarrhea Dysphagia Melena Constipation
 Vomiting: Clear Gastric Coffee grounds
 Hematemesis Hematochezia
 Abdomen: Soft Tender Firm Distended
 Bowel sounds: WNL Hyperactive Hypoactive Absent
 Other: WNL Bursitis Nocturia Frequency Incontinence Flank pain
 Male: Discharge Penile lesions
 Testicle pain Testicle swelling
 Female: Vaginal discharge Abnormal bleeding
 Pelvic pain Dysmenorrhea Pregnant
 Other: WNL

Warm Cool Dry Clammy Moist
 Color: WNL Pale Flushed Cyanotic Jaundice
 M/Membrane: WNL Moist Sticky Parched
 Turgor: WNL Decreased
 Edema: Absent Present
 Laceration: cm R/L Upper/Lower
 Location: Forehead Supraorbital Infraorbital
 Zygoma Maxilla Mandible Lid Ear Nose
 Lip Mouth Chin Neck Hand Wrist Forearm
 Elbow Leg Chest Back Shoulder Foot Ankle
 Type: Avulsion Flap Linear Jagged Stellate Irregular
 Through To: Skin Mucosa SQ Muscle Fascia Bone Galea
 Other: WNL

Eyes: WNL Blurred vision Double vision Discharge
 Redness Photophobia
 Ears: WNL Pain Bleeding Drainage Ringing Hearing loss
 Nose: WNL Bleeding Congestion Discharge
 Throat: WNL Pain Swelling Voice change
 Mouth: WNL Pain Swelling Bleeding
 Other: WNL

WNL Oriented X3 Disoriented - person / place / time
 Headaches Dizziness Seizure Tremors Fainting
 Walking problems Speech problems
 R/L: Altered sensation
 R/L: Altered motor
 Pulses: Present Absent
 Other: WNL

R/L: Pain Swelling Bruising Fracture Sprain
 Neck Chest wall Rib(s) Back Shoulder Arm Elbow
 Forearm Wrist Hand Pelvis Hip Leg Knee Foot
 Other: WNL

WNL Chest pain Left arm pain Diaphoresis Orthopnea
 Edema Palpitations Dizzy spells Syncope Tachycardia
 Bradycardia Other: WNL

WNL Bursitis Nocturia Frequency Incontinence Flank pain
 Male: Discharge Penile lesions
 Testicle pain Testicle swelling
 Female: Vaginal discharge Abnormal bleeding
 Pelvic pain Dysmenorrhea Pregnant
 Other: WNL

☐ Oxygen applied: Time: _____ liters
☐ IV access started: Time: _____ Jelco size: _____
 Site: _____ Inserted by: _____
☐ Lactated Ringer ☐ D5W ☐ Normal Saline
☐ CPR started: Time: _____ CPR terminated: Time: _____
☐ Life Pack applied: Time: _____
☐ VS every 5-10 minutes until transported:
 Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____
 Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____
 Time: _____ BP _____ Pulse _____ Resp. _____ O2 sats. _____
☐ Emergency department notification time: _____ Report given to: _____
 Time ambulance notified: _____ Ambulance arrival time: _____
 Ambulance departure time: _____
☐ Tetanus given: _____ Time: _____
 (dose/route/location)

Send copy of ER assessment/treatment and Medication Charting Sheet (MAR's) to emergency department with patient

Inmate was physically assaulted by another inmate in cell 1060. Inmate made statements regarding physical assault. Inmate was transported to hospital. Inmate was treated for injuries. Inmate was released to the hospital. Inmate was transported to the hospital. Inmate was treated for injuries. Inmate was released to the hospital.

Medical Provider/RN Notified: Date: 11/14/17 Time: 1750
 Orders Received for Treatment: ☐ Yes ☐ No
 QHCP Signature: A. Warren

OKLAHOMA DEPARTMENT OF CORRECTIONS

NURSING PRACTICE PROTOCOLS

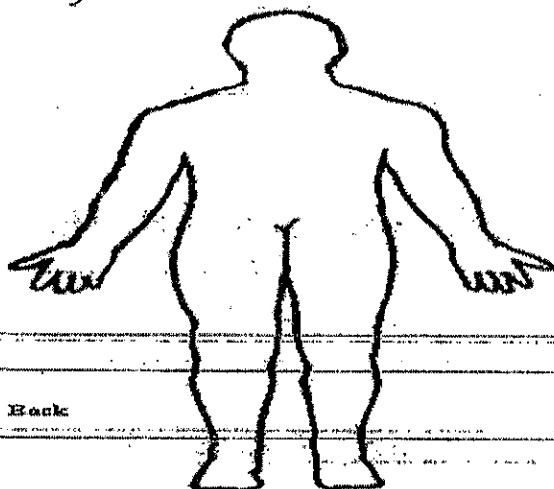
MSRM 140117.01.48

Page 2 of 2

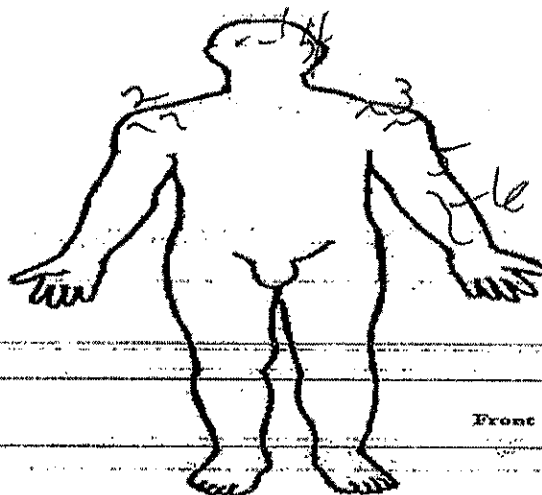
Medical Diagram of Injury

(R-12/15)

1. Scratched / Abrased 2. Swollen / Abrased 3. Scratched / Abrased 4. Swollen - Bruising
 5. Bruising 6. Scratches 7. _____ 8. _____



Back



Front

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/medication required)

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri-Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

Assessment:

☒ Alteration in skin integrity related to trauma

Plan: Nursing Intervention Routine: (check all that apply)

Lacerations	Fractures	Contusions
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

OKLAHOMA DEPARTMENT OF CORRECTIONS

Emergency Care Record

Medical History / Physical

MH-A Meds-No

Chief Complaint: IM/IM incident

Onset:

Location: GOLFMedical History: NA Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer HepAllergies: NACurrent Medications: NAVital Signs: B/P 125/86 R: 16 P: 108 T: 99 Wt: 99 O2 sat: 99 FSBS:

WNL Respiratory: WNL Labored Cough SOB Wheezes Stridor Crackles
 Hemoptysis Pain with breathing Diminished Nasal flaring
 Other: WNL Chest pain Left arm pain Diaphoresis Orthopnea
 Edema Palpitations Dizzy spells Syncope Tachycardia
 Bradycardia Other:

WNL Gastrointestinal: WNL Nausea Diarrhea Dysphagia Melena Constipation
 Vomiting: Clear Gastric Coffee grounds
 Hematemesis Hematochezia
 Abdomen: Soft Tender Firm Distended
 Bowel sounds: WNL Hyperactive Hypoactive Absent
 Other: WNL Genitourinary: WNL Dysuria Nocturia Frequency Incontinence Flank pain
 Male: Discharge Penile lesions
 Testicle pain Testicle swelling
 Female: Vaginal discharge Abnormal bleeding
 Pelvic pain Dysmenorrhea Pregnant
 Other:

Warm Skin: Warm Cool Dry Clammy Moist
 Color: WNL Pale Flushed Cyanotic Jaundice
 M/Membrane: WNL Moist Sticky Parched
 Turgor: WNL Decreased
 Edema: Absent Present
 Laceration: cm R/L Upper/Lower
 Location: Forehead Supraorbital Infraorbital
 Zygoma Maxilla Mandible Lid Ear Nose
 Lip Mouth Chin Neck Hand Wrist Forearm
 Elbow Leg Chest Back Shoulder Foot Ankle
 Type: Avulsion Flap Linear Jagged Stellate Irregular
 Through To: Skin Mucosa SQ Muscle Fascia Bone Galea
 Other: WNL Treatments: WNL Oxygen applied: Time: NA liters
 IV access started: Time: NA Jelco size: NA
 Site: NA Inserted by: NA
 Lactated Ringer WNL D5W WNL Normal Saline
 CPR started: Time: NA CPR terminated: Time: NA
 Life Pack applied: Time: NA
 VS every 5-10 minutes until transported:
 Time: NA BP NA Pulse NA Resp. NA O2 sats. NA
 Time: NA BP NA Pulse NA Resp. NA O2 sats. NA
 Time: NA BP NA Pulse NA Resp. NA O2 sats. NA
 Emergency department notification time: NA Report
 given to: NA
 Time ambulance notified: NA Ambulance arrival time: NA
 Ambulance departure time: NA
 Tetanus given: NA Time: NA
 (dose/route/location)
 Send copy of ER assessment/treatment and Medication Charting
 Sheet (MAR's) to emergency department with patient

WNL Eyes/Ears/Nose/Throat: WNL Eyes: WNL Blurred vision Double vision Discharge
 Redness Photophobia
 Ears: WNL Pain Bleeding Drainage Ringing Hearing loss
 Nose: WNL Bleeding Congestion Discharge
 Throat: WNL Pain Swelling Voice change
 Mouth: WNL Pain Swelling Bleeding
 Other:

WNL Neurological: WNL Oriented X 3 Disoriented - person / place / time
 Headaches Dizziness Seizure Tremors Fainting
 Walking problems Speech problems
 R/L: Altered sensation
 R/L: Altered motor
 Pulses: Present Absent
 Other:

WNL Musculoskeletal: WNL R/L: Pain Swelling Bruising Fracture Sprain
 Neck Chest wall Rib(s) Back Shoulder Arm Elbow
 Forearm Wrist Hand Pelvis Hip Leg Knee Foot
 Other:

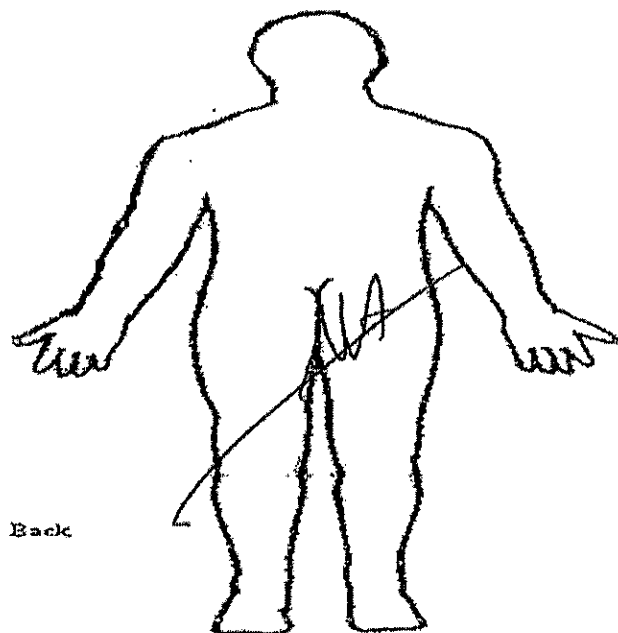
Medical Provider/RN Notified: Date: NA Time: NA
 Orders Received for Treatment: WNL Yes WNL No

QHCP Signature: NA
 Date: 11/14/17 Time: 19:51

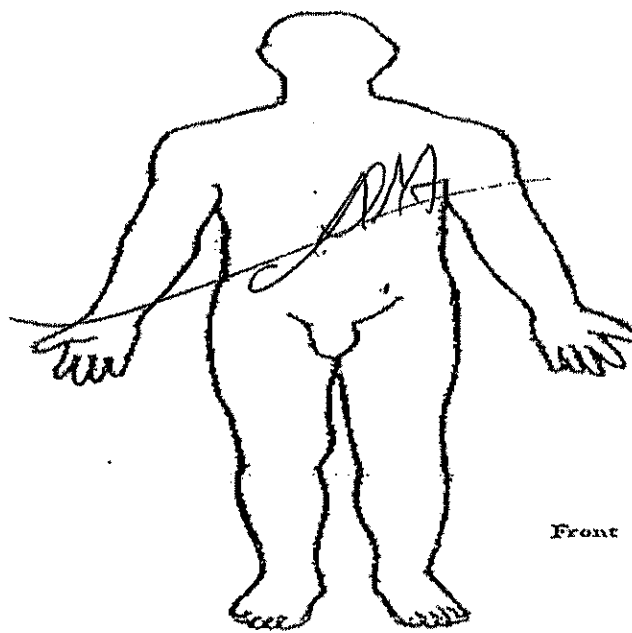
Progress Notes: No injuries reported

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Medical Diagram of Injury

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____



Back



Front

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri-Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

Assessment:

☐ Alteration in skin integrity related to trauma

Plan:

Lacerations Nursing Intervention Routine	Fractures Nursing Intervention Routine	Contusions Nursing Intervention Routine
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

Offender Education:

☐ Instructed to keep wound clean and dry, signs and symptoms of infection, follow up sick call if no improvement, condition worsens or if not satisfied verbalizes understanding of instructions

LPN Signature/credentials: *Paul Brunt*

Date: 11/14/17 Time: 1:51

CR# 187-11.1417
 dw 11-22-17 PB

Attachment H
 OP-050108
 Page 1 of 3

Incident Notification Checklist

As incidents vary, additional questions may need to be asked to clarify (if possible) the event(s) that occurred. An update of staff or offender injuries will require a follow-up e-mail to provide the condition of staff and/or offenders. This update should be requested periodically and supplied by the facility as new information is learned.

Original:

Updated:

Facility:	Cimarron Correctional Facility	Reported by:	Warden Raymond Byrd
Type of Incident:	PREA Allegation/Inmate Fight		
Date/Time Incident Occurred:	11/14/17 @ 1810	Date/Time Division Manager Notified:	
Location of Incident (Unit, Quad, Cell, dining hall, etc.)	Golf Cell 1060	Unit locked down?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has DOC Inspector General been notified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?	Facility Investigator Greg Jones
		When?	11/14/17 1845

Incident Classification

1. Offender-on-Offender assaults with serious injury: No
- 1a. Number of Offender-on-Offender victims of assaults with serious injury: 0
2. Offender-on-Offender assaults without serious injury: No
3. Offender-on-Offender fight: Yes
4. Offender-on-Offender assaults by throwing substances: No
5. Disruptive Event: No

Offenders Involved

(attach additional pages if needed)

Full Name	DOC #	Race	Age	Crime(s)
Glenn Porter	99595	White	58	Serving Life for Murder first degree out of Pottawatomie County
Charles Fredrick	530734	Native American	32	serving 10 years for Manufacture of CDS out of Tulsa County

Staff Involved

(attach additional pages if needed)

Full Name	Title/Position
Juan Melendez	Correctional Officer
Dwight Munday	Shift Supervisor
Greg Jones	Facility Investigator

Brief Summary of Incident

On Tuesday November 14, 2017 at 1810 inmate Glenn Porter ODOC# 99595 (a 58 year old White STG none) stopped Correctional Officer Juan Melendez and stated that inmate Charles Fredrick ODOC#530734 (a 32 year old Native American STG none) attempted to touch inmate Porter's breast. Officer Melendez removed inmate Fredrick from Golf cell 1060 and secured him (Fredrick) in the hair cut cage. Officer Melendez then notified Shift Supervisor Dwight Munday. Supervisor Munday removed inmate Porter from Golf 1060 and escorted him (Porter) to medical for evaluation and further investigation. Inmate Porter stated that Inmate Fredrick had made comments about and attempted to grab his (Porter) breast. Inmate Porter then told Inmate Fredrick to leave him alone and inmate Fredrick attempted to grab inmate Porter's breast a second time. Inmate Porter shoved inmate Fredrick back and stated that inmate Fredrick needed to

Attachment H
OP-050108
Page 2 of 3

Upon interviewing inmate Fredrick he stated the he (Fredrick) never made any comments or attempts to grab inmate Porter's breast. Inmate Fredrick stated that inmate Porter called him (Fredrick) a punk so he started to hit inmate Porter.

Facility Investigator Greg Jones arrived in medical to conduct a further investigation with inmate Porter.

Inmate Fredrick was moved to Alpha North cell 256. Inmate Porter remains in Golf 1060.

INMATE(S) INVOLVED:

Glenn Porter #99595

Charles Fredrick #530734

ESCORTS:

Supervisor Munday escorted inmate Porter from Golf 1060 to medical for evaluation and then back to Golf 1060.

MEDICAL REPORTS/INJURIES TO STAFF / INMATE(S):

Inmate Porter had scratches to the forehead, left and right shoulders, and to the left forearm. He also had bruising to the left cheek, and left arm.

There were no injuries to inmate Fredrick.

USE OF FORCE:

None

ADDITIONAL INFORMATION:

Investigator Jones reported that during the interview with inmate Porter he never made a claim of PREA, and stated that inmate Fredrick never touched his (Porter) breast but had made comments about the breast.

CONCLUSION:

Inmate Porter stated that inmate Fredrick made comments about and attempted to grab his (Porter's) breast. Inmate Porter told inmate Fredrick to leave him alone at which time inmate Fredrick attempted a second time to grab his breast. Inmate Porter shoved inmate Fredrick at which time inmate Fredrick started to strike inmate Porter with a closed fist. Inmate Fredrick denies the allegations and states the fight started over inmate Porter calling him (Fredrick) a punk.

NOTIFICATION: Chief of Unit Management John Hilligoss was notified at 1815. Facility Investigator Greg Jones was notified at 1815. Contract Monitor Jamie Keef was notified at 1820 by John Hilligoss. IG Tamika Ross was notified by Greg Jones at 1845.

Staff/Offender Injuries

(Be as specific as possible—head wound, puncture wound, etc., to include any emergency treatment/hospital transport)

Injuries to Inmate Porter scratches to the forehead, left and right shoulders, and to the left forearm and bruising to the left cheek, and left arm.

Weapons Used/Recovered
(If known)

If applicable, was the offender single celled?

☐ Yes ☒ No

If no, was cell partner involved?

☒ Yes ☐ No

Name/DOC#

Fredrick 530734

Any other pertinent information specific to this incident

Notification

Attachment H
OP-050108
Page 3 of 3

Name: ABJ Date: 11/15/17 Time: 0805

INSPECTOR GENERAL'S OFFICE TO NOTIFY THE PUBLIC INFORMATION OFFICER

Julie P. [Signature] Date: 11/15/17 Time: 12:41 PM
Signature of Division Manager

Comprehensive Report Ordered: ☒ Yes ☐ No

The report will be as detailed as possible utilizing Attachment A "Comprehensive Report."

OKLAHOMA DEPARTMENT OF CORRECTIONS

Emergency Care Record

Medical Division (Inpatient)

MH-A Meds-No

Chief Complaint: IM/IM incident

Onset:

Location: GOLFMedical History: NA Asthma CAD COPD CVA DM HTN HIV MI Seizures Cancer Hep CAllergies: NACurrent Medications: NAVital Signs: B/P 125/86 R: 16 P: 108 T: Wt: O2 sat: 99 FSBS:

WNL Labored Cough SOB Wheezes Stridor Crackles
Hemoptysis Pain with breathing Diminished Nasal flaring
Other:

WNL Chest pain Left arm pain Diaphoresis Orthopnea
Edema Palpitations Dizzy spells Syncope Tachycardia
Bradycardia Other:

WNL Nausea Diarrhea Dysphagia Melena Constipation
Vomiting: Clear Gastric Coffee grounds
Hematemesis Hematochezia
Abdomen: Soft Tender Firm Distended
Bowel sounds: WNL Hyperactive Hypoactive Absent
Other:

WNL Dysuria Nocturia Frequency Incontinence Flank pain
Male: Discharge Penile lesions
Testicle pain Testicle swelling
Female: Vaginal discharge Abnormal bleeding
Pelvic pain Dysmenorrhea Pregnant
Other:

Warm Cool Dry Clammy Moist
Color: WNL Pale Flushed Cyanotic Jaundice
M/Membrane: WNL Moist Sticky Parched
Turgor: WNL Decreased
Edema: Absent Present
Laceration: cm R/L Upper/Lower
Location: Forehead Supraorbital Infraorbital
Zygoma Maxilla Mandible Lid Ear Nose
Lip Mouth Chin Neck Hand Wrist Forearm
Elbow Leg Chest Back Shoulder Foot Ankle
Type: Avulsion Flap Linear Jagged Stellate Irregular
Through To: Skin Mucosa SQ Muscle Fascia Bone Galea
Other:

 Oxygen applied: Time: liters
 IV access started: Time: Jelco size:
Site: Inserted by:
 Lactated Ringer D5W Normal Saline
 CPR started: Time: CPR terminated: Time:
 Life Pack applied: Time:
 VS every 5-10 minutes until transported:
Time: BP Pulse Resp. O2 sats
Time: BP Pulse Resp. O2 sats
Time: BP Pulse Resp. O2 sats
 Emergency department notification time: Report
given to:
Time ambulance notified: Ambulance arrival time:
Ambulance departure time:
 Tetanus given: Time:
(dose/route/location)

WNL Blurred vision Double vision Discharge
Redness Photophobia
Ears: WNL Pain Bleeding Drainage Ringing Hearing loss
Nose: WNL Bleeding Congestion Discharge
Throat: WNL Pain Swelling Voice change
Mouth: WNL Pain Swelling Bleeding
Other:

WNL Oriented X 3 Disoriented - person / place / time
Headaches Dizziness Seizure Tremors Fainting
Walking problems Speech problems
R/L: Altered sensation
R/L: Altered motor
Pulses: Present Absent
Other:

WNL Oriented X 3 Disoriented - person / place / time
Headaches Dizziness Seizure Tremors Fainting
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Other:

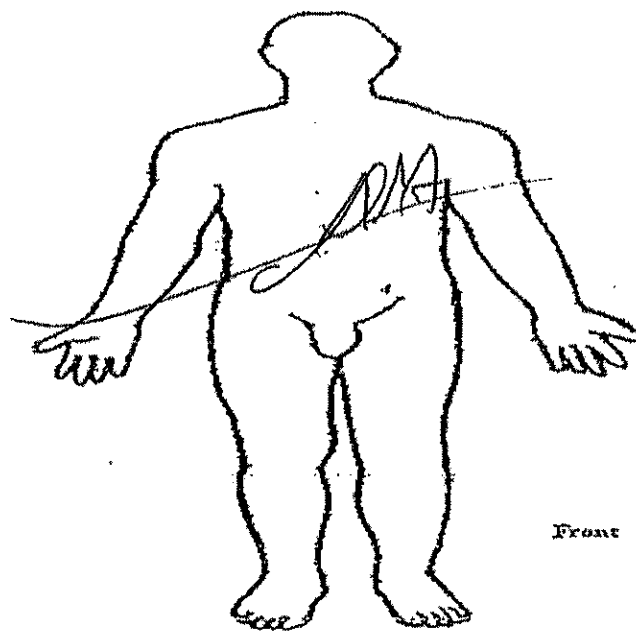
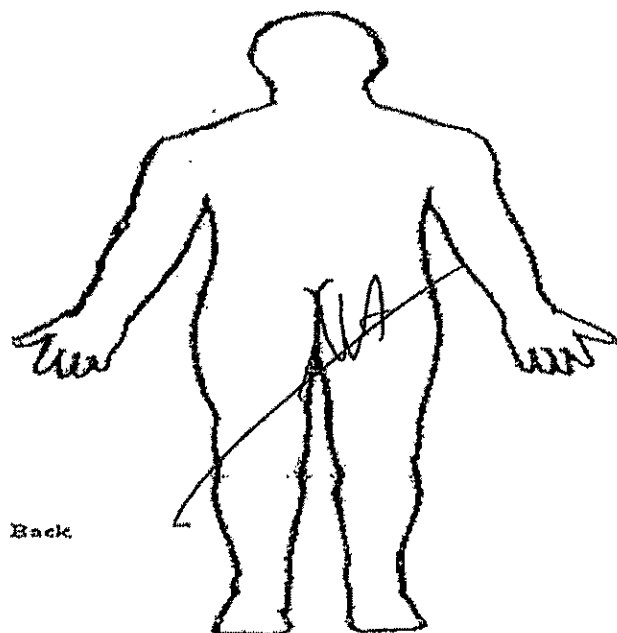
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Headaches Dizziness Seizure Tremors Fainting
Walking problems Speech problems
R/L: Altered sensation
R/L: Altered motor
Pulses: Present Absent
Other:

Medical Provider/RN Notified: Date: Time: Orders Received for Treatment: Yes NoOHCP Signature: Date: 11/4/17 Time: 1951

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Medical Diagram of Injury

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____



NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound(s) is severe /deep / requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated out <input type="checkbox"/> Laceration to the face, ear, nose , eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri - Strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, Loss of sensation <input type="checkbox"/> Numbness/severe pain, Absent distal pulses <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Takes anticoagulants, Over age 50 <input type="checkbox"/> X-rays, tetanus booster (If suspected fracture of the cervical spine, evaluate respiratory function continuously, place c-collar, call 911, do not attempt to move patient)	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input type="checkbox"/> Condition not responding to intervention

Assessment:

☐ Alteration in skin integrity related to trauma

Plan:

Lacerations Nursing Intervention Routine	Fractures Nursing Intervention Routine	Contusions Nursing Intervention Routine
<input type="checkbox"/> Stop bleeding with pressure <input type="checkbox"/> Apply telfa pad, clean dry dressing or butterfly dressing <input type="checkbox"/> Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> C-collar, back board, c-spine precautions <input type="checkbox"/> Immobilize affected limb prior to moving <input type="checkbox"/> Elevate affected limb <input type="checkbox"/> Splint joint above and below injury <input type="checkbox"/> Apply ice <input type="checkbox"/> Sling for upper extremity <input type="checkbox"/> Ice to closed injury site <input type="checkbox"/> Cover open wound with sterile dressing <input type="checkbox"/> Crutches (if indicated) <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal	<input type="checkbox"/> Consider immobilization of injury with splint or ace wrap until seen by medical provider or RN <input type="checkbox"/> Apply ice to the affected area to reduce swelling <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days OR <input type="checkbox"/> Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days <input type="checkbox"/> Arrange for dressing change, wound check and suture removal <input type="checkbox"/> Consider crutches if lower extremity

Offender Education:

☐ Instructed to keep wound clean and dry, signs and symptoms of infection, follow up sick call if no improvement, condition worsens or if offender verbalizes understanding of instructions

LPN Signature/credentials: *Paul Brunt*

Date: 11/14/17 Time: 1:51

639

Attachment K-2
OP-050108
Page 1 of 3

Serious Incident Database Report
Private Prisons

1. Facility: Cimarron Correctional Facility
2. Date of Incident: 11/14/2017
3. Offender Offense History: Violent
4. Area of Incident: Cell
5. Narrative:
Inmate Porter stated that inmate Fredrick made comments about and attempted to grab his (Porter's) breast. Inmate Porter told inmate Fredrick to leave him alone at which time inmate Fredrick attempted a second time to grab his breast. Inmate Porter shoved inmate Fredrick at which time inmate Fredrick started to strike inmate Porter with a closed fist. Inmate Fredrick denies the allegations and states the fight started over inmate Porter calling him (Fredrick) a punk.
6. Who was the first responder to the incident? Security Staff
7. If PREA, was the incident referred to Internal Affairs? Yes
8. If Use of Force was used, was it? N/A
9. If planned, was Medical contacted prior to Use of Force? N/A
10. Was the incident video recorded? No
11. If electronic technology was used, was the offender medically cleared? N/A
12. What type of non-deadly force equipment was used?

☐ Inflammatory

☐ OC

☐ CS (Private Prisons ONLY)

☐ Electronic Technology

☐ Electronic Shield

☐ Radio Active Custody Control

☐ Taser

☐ Physical Restraint Device

☐ Belly Chains

☐ Four or Five point restraints

☐ Handcuffs

☐ Leg Irons

☐ Restraint Chair

☐ Other

Attachment K-2
OP-050108
Page 2 of 3

13. What level of force was used?

☐ Inflammatory Agent

☐ OC

Weight prior to use:

☐ CS (Private Prisons ONLY)

Weight prior to use:

☐ Deadly Force

☐ Impact Weapons

☐ Hand Gun

☐ Baton

☐ Rifle- Sniper

☐ Collapsible Baton

☐ Rifle- Tower

☐ Shot Gun

☐ Physical Contact

☐ Defensive Tactics- hold

☐ Offensive Tactics- Striking

14. Was more than one camera used to record incident? No

15. Were there injuries during the Use of Force? No

16. Where was the injury treated? N/A

17. Injuries Sustained:

☐ Staff

☐ Offender

☐ Both

18. What was the mental health levels of the offenders involved? D

19. Was the offender taking prescribed medications? No

Attachment K-2
OP-050108
Page 3 of 3

20. Was the incident racially motivated? No

21. Race(s) involved?


☐ Black

☒ White

☐ Hispanic

☒ Native American

☐ Other

 11/15/17

(10/12)